

## Sepsis Summary

- 1. Sepsis Recognition can occur in multiple ways including:
  - a. A nurse Sepsis Screening.
  - b. A nurse SIRS, Sepsis, or Septic Shock Alert.
  - c. A provider **Open Chart Sepsis or Septic Shock** Alert.
- 2. Sepsis Response:
  - a. Provider orders/launches the Sepsis Advisor.
  - b. Clinical Staff initiates orders.

### 3. Sepsis Reassessment:

- a. Within one hour of fluid bolus completion, the nurse completes two full sets of vital signs and updates the provider.
- b. **Sepsis Advisor is relaunched** by the provider for addition of orders.

### Note:

- The system continually monitors patient results and alerts upon recognition of SIRS, Sepsis and Septic Shock.
- SIRS, Sepsis, and Septic Shock Alerts automatically place orders for CBC, CMP, and Lactic Acid if NOT present.
- Alerts and the nurse Screening tool are suppressed for 72 hours after the Sepsis Advisor is ordered unless the patient qualifies for Septic Shock criteria.
- Alerts do not fire for maternity unit patients.



Sepsis alerts are displayed on the ED LaunchPoint dashboard next to the patient's name.

## Sepsis Recognition: Accessing the Sepsis Advisor

When Sepsis is determined, the provider launches the Sepsis Advisor. It can be accessed from:

1. Orders.



2. The Open Chart Sepsis/Septic Shock Alert. Select Launch Advisor.

### NOTE 2a:

- If the provider determines that Sepsis is NOT present, they need to select from the Document Reason Sepsis Advisor Not Launched drop-down and document the explanation of non-infections cause of SIRS and organ dysfunction.
- A selection from this list will suppress Sepsis Alerts (excluding the Septic Shock Alert) and the nurse Sepsis Screening Tool.

### NOTE:

- Nurses cannot order the Sepsis Advisor. Only providers can place the order.
- Prior to Launch of the Sepsis Advisor a documented weight is required (measured or non-measured).

Cerner Q 3 A 8	Sepsis
NAME: RESULTS, COMPLETE	<b>DOB:</b> December 12, 1967
LOCATION: ED - MMC ;	AGE: 55 Years
SEPSIS Alert: The patient has quz SEPTIC SHOCK Alert: The patie Launch Sepsis Advisor to place or Launch Advisor Open chart to further assess patie Open Chart Document Reason Sepsis Advisor	lified for a Sepsis alert. 1t has qualified for a Septic Shock alert. ders now. nt's condition. Not Launched.
Select from list Suspect non-infectious cause of VS/la Treatment already initiated Patient immediately post op Patient or Patient Representative refus Intend to write comfort care/hospice/pp	ps/finding al of treatment Iliative care orders within 6 hours



### Sepsis Response: Sepsis Advisor

Once open, the Sepsis Advisor directs providers through three sections:

- 1. Evaluate Patient Risk
- 2. Select Recommendations
- 3. Document and Sign
- 1. **Evaluate Patient Risk:** View allergies, relevant labs, recent antibiotic orders, microbiology, vital signs, and select infection sources and factors.
  - a. This patient shows signs of:
    - i. The drop-down defaults to the most recently assigned system alert but can be modified per provider judgement. The Sepsis diagnosis will reflect **The patient shows signs of:** selection.
  - b. Suspected Infection Sources
    - i. Selection of a source with a \* requires an additional Suspected Infection Factors selection (below sources).
    - ii. Selection of Patient displays no signs or symptoms of infection opens a window to a selection of lab orders, and then to Document and Sign.
  - c. Click Select Recommendations

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Patient displays no signs or symptoms of infection.         Bacteremia (confirmed or suspected)       Meningitis / CNS       Urinary Tract         Bone / Joint       Pneumonia*       Known Source (Not Listed)*         Febrile Neutropenia       Skin/Soft Tissue*       Unknown Source (not neutropenic)         Intra-Abdominal       Unknown Source (not neutropenic)       Pneumonia*         spiration Pneumonia       CAP-Non-ICU       CAP-ICU         HaP (Hospital Acquired Pneumonia)       Center Commendations       Center Commendations	Suspected Infection Sources		Te M ☑ I	138.9         09/23/2022 07:00           HR         110         09/23/2022 07:00           RR         16         09/23/2022 07:00           BP         99/145         09/23/2022 07:00           IAP         63         09/23/2022 07:00           Wap less than or equal to 65 or         05	138.5 ( 105 og/ 18 og/2 100/50 67 og/2 SBP less than o	09/23/2022 02: 23/2022 02: 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to	02200 37 09 00 100 0 0 18 09 102200 110/7 0 87 09 90	22/2022 23:00 1/22/2022 23:00 22/2022 23:00 5 09/22/2022 23:00 22/2022 23:00	0
Bacteremia (confirmed or suspected)       Meningitis / CNS       Urinary Tract         Bone / Joint       ✓ Pneumonia*       Known Source (Not Listed)*         Febrile Neutropenia       Skin/Soft Tissue*       Unknown Source (not neutropenic)         Intra-Abdominal       Justra-Abdominal       Skin/Soft Tissue*         uspected Infection Factors       Februancia       CAP-Non-ICU         Aspiration Pneumonia       ✓ CAP-Non-ICU       CAP-ICU         HAP (Hospital Acquired Pneumonia)       C       Select Recommendations	Suspected Infection Sources		Te M ☑ )	mp         138.9         09/23/2022         07:00           HR         110         09/23/2022         07:00           RR         16         09/23/2022         07:00           BP         98/1415         09/23/2022         07:00           HAP         63         09/23/2022         07:00           Map less than or equal to 65 or         04         05	138.5 () 105 (9/ 18 (9/2) 100/50 67 (9/2) SBP less than o	09/23/2022 23/2022 02: 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to	02200 37 09 00 100 0 0 18 09 0 2200 110/7 0 87 09 90	22/2022 23:00 1/22/2022 23:00 22/2022 23:00 5 09/22/2022 23:00 22/2022 23:00	0
Bone / Joint       ✓ Pneumonia"       Known Source (Not Listed)"         Febrile Neutropenia       Skin/Soft Tissue"       Unknown Source (not neutropenic)         Intra-Abdominal       Junknown Source (not neutropenic)         uspected Infectors Factors         Pneumonia       CAP-Non-ICU         HAP (Hospital Acquired Pneumonia)         C       Select Recommendations	Suspected Infection Sources	on.	Te M ⊠ t	138.9         09/33/2022 07:00           HR         110         09/23/2022 07:00           RR         16         09/23/2022 07:00           BP         98/145         09/23/2022 07:00           IAP         63         09/23/2022 07:00           Map less than or equal to 65 or         05	138.5 ( 105 os/ 18 os/2 100/50 67 os/2 SBP less than o	09/23/2022 23/2022 02:0 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to	37         93           001         100           0         18           0         18           0         87           90         90	22/2022 23:00 //22/2022 23:00 22/2022 23:00 5 09/22/2022 23:00 22/2022 23:00	10
Pebrile Neutropenia       Skin/Soft Tissue*       Unknown Source (not neutropenic)         Intra-Abdominal       uspected Infection Factors         Pneumonia       CAP-Non-ICU       CAP-ICU         HAP (Hospital Acquired Pneumonia)       CAP-ICU         Select Recommendations       Select Recommendations	Suspected Infection Sources Select one infection source. Patient displays no signs or symptoms of infectio Bacteremia (confirmed or suspected)	on.	Te M ⊠ ⊧	138.9         09/33/2022 07:00           HR         110         09/23/2022 07:00           RR         16         09/23/2022 07:00           BP         98/145         09/23/2022 07:00           IAP         63         09/23/2022 07:00           Wap less than or equal to 65 or         0	138.5 ( 105 c9/ 18 c9/2 100/50 67 c9/2 SBP less than o	09/23/2022 23/2022 02:0 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to	82:60 37 09 00 100 0 0 18 09 02:00 110/7 0 87 09 90	22/2022 23:00 //22/2022 23:00 22/2022 23:00 5 09/22/2022 23:00 22/2022 23:00	0
Intra-Abdominal Usepected Infection Factors Preumonia Aspiration Pneumonia Aspiration Pneumonia CAP-ICU CAP-ICU CAP-ICU CAP-ICU CAP-ICU CAP-ICU	Suspected Infection Sources select one infection source. Patient displays no signs or symptoms of infection Bacteremia (confirmed or suspected) Bone / Joint	on. Meningitis / CNS ☑ Pneumonia*	Te M ☑ )	mp 138.9 09/23/2022 07:00 HR 110 09/23/2022 07:00 RR 16 09/23/2022 07:00 BP 98/145 09/23/2022 07:00 IAP 63 09/23/2022 07:00 Wap less than or equal to 65 or	138.5 ( 105 cy/ 18 cy/2 100/50 67 cy/2 SBP less than o Urinary Tract Known Source	09/23/2022 23/2022 02: 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to	02:00 37 09 00 100 0 0 18 00 00 87 09 90	22/2022 23:00 //22/2022 23:00 22/2022 23:00 5 09/22/2022 23:00 22/2022 23:00	0
uspected Infection Factors Pneumonia  Aspiration Pneumonia  Aspiration Pneumonia  Aspiration Pneumonia  C CAP-ICU  C Select Recommendations	Suspected Infection Sources elect one infection source. Patient displays no signs or symptoms of infection Bacheremia (confirmed or suspected) Boner Joint Febrile Neutropenia	on. Meningitis / CNS Pneumonia* Skin/Soft Tissue*	Te M ☑ )	mp 138.9 09/23/2022 07:00 HR 110 09/23/2022 07:00 RR 16 09/23/2022 07:00 BP 98/145 09/23/2022 07:00 HAP 63 09/23/2022 07:00 Wap less than or equal to 65 or	138.5 ( 105 cs/ 18 cs/2) 100/50 67 cs/2) SBP less than o Urinary Tract Known Source Unknown Source	09/23/2022 23/2022 02: 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to or equal to e (Not Lis	022:00 37 09 00 100 0 0 18 07 00 87 09 90 ted)**	22/2022 23:00 22/2022 23:00 22/2022 23:00 25 09/22/2022 23:00	0
Pheumonia Aspiration Pneumonia CAP-Non-ICU CAP-ICU CAP-ICU Select Recommendations	Suspected Infection Sources elect one infection source. Patient displays no signs or symptoms of infection Bacteremia (confirmed or suspected) Bone / Joint Febrile Neutropenia Intra-Abdominal	on. Meningitis / CNS Ø Pneumonia* Skin/Soft Tissue*	Te M S	mp 138.9 09/33/2022 07:00 HR 110 09/23/2022 07:00 RR 16 09/23/2022 07:00 BP 98/145 09/23/2022 07:00 IAP 63 09/23/2022 07:00 Map less than or equal to 65 or	138.5 ( 105 m) 18 m) 18 m) 10/50 67 m) 20 SBP less than of SBP less than of SBP less than of Virinary Tract Known Source Unknown Source	09/23/2022 02: 23/2022 02:0 09/23/2022 02:0 09/23/2022 02:0 or equal to or equal to e (Not Lis urce (not i	37 09           000           100 0           0           18 09           110/7           0           87 09           90           ted)**	22/2022 23:00 (722/2022 23:00 22/2022 23:00 5 09/22/2022 23:00 22/2022 23:00	0
Aspiration Pneumonia CAP-Non-ICU CAP-ICU HAP (Hospital Acquired Pneumonia) CSP-ICU CAP-ICU	Suspected Infection Sources Suspected Infection Sources Select one infection source. Patient displays no signs or symptoms of infection Bacteremia (confirmed or suspected) Bone / Joint Febrile Neutropenia Intra-Abdominal Suspected Infection Factors	on. Meningitis / CNS Z Pneumonia* Skin/Soft Tissue*	Te M S	mp 138.9 09/33/2022 07:00 HR 110 09/23/2022 07:00 RR 16 09/23/2022 07:00 BP 98/145 09/23/2022 07:00 IAP 63 09/23/2022 07:00 Wap less than or equal to 65 or	138.5 ( 105 og/ 18 og/2 100/50 67 og/2 SBP less than of Urinary Tract Known Source Unknown Source	09/23/2022 02: 23/2022 02:0 09/23/2022 02:0 09/23/2022 02:0 or equal to or equal to e (Not Lis irce (not i	02:00         37 0%           00         100 0           0         18 0%           0.2:00         110/7           0         87 0%           90         100	22/2022 23:00 (722/2022 23:00 22/2022 23:00 (722/2022 23:00 (722/2022 23:00 (722/2022 23:00)	0
HAP (Hospital Acquired Pneumonia) C Select Recommendations	Suspected Infection Sources Suspected Infection Sources Patient displays no signs or symptoms of infection Bacteremia (confirmed or suspected) Bone / Joint Febrile Neutropenia Intra-Abdominal uspected Infection Factors Pneumonia	on. Meningitis / CNS Preumonia* Skin/Soft Tissue*	Te M 27	mp 138.9 09/33/2022 07:00 HR 110 09/23/2022 07:00 RR 15 09/23/2022 07:00 BP 98/145 09/23/2022 07:00 HAP 63 09/23/2022 07:00 Wap less than or equal to 65 or	138.5 ( 105 op/ 18 op/2 100/50 67 op/2 SBP less than of Wrinary Tract Known Source Unknown Source	09/23/2022 23/2022 02:0 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to or equal to e (Not Lis irce (not i	02:00         37 0%           00         100 0           0         18 0%           0:2:00         110/7           0         87 0%           90         100	22/2022 33:00 (722/2022 23:00 22/2022 23:00 (722/2022 23:00 (722/2022 23:00 (722/2022 23:00)	0
C Select Recommendations	Suspected Infection Sources Suspected Infection Sources Fatient displays no signs or symptoms of infection Bacteremia (confirmed or suspected) Bone / Joint Febrile Neutropenia Intra-Abdominal Suspected Infection Factors Pneumonia Aspiration Pneumonia	on. Meningitis / CNS Pneumonia* Skin/Soft Tissue*	Te M 21 t	mp 138.9 09/23/2022 07:00 HR 110 09/23/2022 07:00 RR 16 09/23/2022 07:00 BP 98/145 09/23/2022 07:00 IAP 63 09/23/2022 07:00 Wap less than or equal to 65 or	138.5 ( 105 m/ 18 m/2 100/50 67 m/2 SBP less than of Uninary Tract Known Source Unknown Source	09/23/2022 23/2022 02:0 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to or equal to e (Not Lis irce (not i	82:00 37 09 00 100 0 0 18 00 00 87 09 90 ted)* neutropenic)	22/2022 23:00 1/22/2022 23:00 22/2022 23:00 5 09/22/2022 23:00 22/2022 23:00	10
Select Recommendations	Suspected Infection Sources Select one infection Sources Patient displays no signs or symptoms of infectio Bacteremia (confirmed or suspected) Bone / Joint Febrile Neutropenia Intra-Abdominal Suspected Infection Factors Preumonia Aspiration Pneumonia Aspiration Pneumonia	on. Meningitis / CNS Pneumonia* Skin/Soft Tissue*	Te M V	mp 138.9 09/23/2022 07:00 HR 110 09/23/2022 07:00 RR 16 09/23/2022 07:00 BP 98/145 09/23/2022 07:00 HAP 63 09/23/2022 07:00 Map less than or equal to 65 or Hap 10 10 10 10 10 10 10 10 10 10 10 10 10	138.5 ( 105 op) 18 op) 18 op) 100/50 67 op) SBP less than of SBP less than of Urinary Tract Known Source Unknown Source	09/23/2022 02: 23/2022 02: 3/2022 02:0 09/23/2023 3/2022 02:0 or equal to r equal to e (Not Lis irce (not i	02:00         37 09           00         100 0           0         18 00           0         87 09           90         110/7           ted)*         state	22/2022 23:00 4/22/2022 23:00 22/2022 23:00 5 09/22/2022 23:00 5 22/2022 23:00	0
	Suspected Infection Sources elect one infection source. Patient displays no signs or symptoms of infection Bacteremia (confirmed or suspected) Bone / Joint Febrile Neutropenia Intra-Abdominal uspected Infection Factors Pneumonia Aspiration Pneumonia HAP (Hospital Acquired Pneumonia)	on. Meningitis / CNS ✓ Pneumonia* Skin/Soft Tissue* ✓ CAP-Non-ICU	Te M S2 p	mp 138.9 09/33/2022 07:00 HR 110 09/23/2022 07:00 RR 15 09/23/2022 07:00 EP 98/145 09/23/2022 07:00 IAP 63 09/23/2022 07:00 Vap less than or equal to 65 or Vap less than or equal to 65 or	138.5 ( 105 or) 18 or) 100/50 67 or) 2 SBP less than of 2 Urinary Tract Known Source Unknown Source	09/23/2022 23/2022 02: 3/2022 02:0 09/23/2022 3/2022 02:0 or equal to or equal to re (Not Lis	02:00 37 09 00 100 0 0 18 09 02:00 87 02 90 ted)* neutropenic)	22/2022 23:00 (722/2022 23:00 22/2022 23:00 (50 09/22/2022 23:00 (22/2022 23:00 (22/2022 23:00)	

- 2. Select Recommendations: View and/or discontinue currently active relevant medication orders and select recommendations for Special Dosing, Antibiotics, Fluid Therapy, Diagnostic Studies, and Vasopressors.
  - a. Currently Active Relevant Medications
    - i. Select any Active Antibiotics, and/or Vasopressors orders to be cancelled.
  - b. Dosing
    - i. Selections auto default based on creatinine clearance and patient encounter type, and do not impact the antibiotic recommendations. The Dialysis Patient drop-down is a manual selection.
  - c. Antibiotic Recommendations
    - i. Select an antibiotic as appropriate, the preferred and alternative antibiotics display for selection.
    - ii. Pharmacy Following (RX use Only) is preselected -Do Not Uncheck. Pharmacy will follow and adjust the dosing as necessary.

	Select Recommendations	^						
	Currently Active Antibiotics/Anti-Infectives/Vasopressors							
	Select any active antibiotic orders to be cancelled.							
	Active Antibiotics Selecting a medication in this	Clear						
а	Cefepime 🛹 section will cancel the order.	Last Dose:						
	A broad spectrum antibiotic was initiated for a suspected infection other than severe sepsis and continued until the time of presentation.							
b	b Chosing-Selections default based on creatinine clearance and patient encounter. Any selection will be the same standard dose and will be adjusted later by Pharmacy via the Pharmacy Following (RX use Only) order pre- checked under Antibiotic Recommendations							
	Renal Function Creatinine Clearance:	The weight being used in the advisor is a Measured weight: 82.1 kg						
	Estimated Creatinine Clearance: 48.66 mL/min 09/09/2022 12:48							
	Standard Dose     O Phar     Started in ED. Pharmacy to Adjust if Nergesary     Description	macy to Adjust for Renal Impairment: Greater than or equal to 40 but less than 50 🗸						
	Antibiotic Recommendations – Based on MHC Pharmacy best practice, Pharmacy will follow and adjust do	sing as necessary						
	Pneumonia - CAP-Non-ICU							
C	Preferred - Ceftriaxone + Azithromycin OR Doxycycline.	Clear						
	Ceftriaxone IVPush 2,000 mg, IVPush (Syringe), Inject, q24hr, STAT	doxycycline 100 mg, Oral, Cap, BID, STAT						
	Azithromycin IVPB 500 mg, IVPB, IVPB, q24hr, STAT, 3 dose/occurrence							
	Alternative - If severe, type 1 penicillin allergy: Levofloxacin.							
		Clear						
	Levofloxacin IVPB 750 mg, IVPB, IVPB, q24hr, STAT							
	Pharmacy Following - Do Not Uncheck	Clear						
Do Not		Cital						
Inchec	PMTMacV Following (KX use Only) Antibiotic Stewardship, Sepsis advisor initiated. Please review medication profile for appropriate indication, dose, & frequency. This task can be dc/d after the patient's organ function has stabilized (usually w/in 24-48 hr)							

### d. Fluid Therapy

i. Selection defaults to Sodium Chloride 0.9% IV Bolus 30mL/kg, change the selection as appropriate.

d	
⊿ Fluid Therapy	
Pharmacologic - Infuse 30ml/kg within 3 hours of Septic Shock defined by persistent hypotension or lactate great 30ml/kg is acceptable.	er than or equal to 4. May dose on IBW if BMI is greater than 30. If concern for fluid overload, dosing less than
Sepsis Bolus - Sodium Chloride 0.9% IV BOLUS (mL/kg) 30 mL/kg, IVPB, ONCE, STAT, 1 dose/occurrence, 999 mL/hr	Sepsis Bolus - Lactated Ringers IV BOLUS (mL/kg) 30 mL/kg, IVPB, ONCE, STAT, 1 dose/occurrence, 999 mL/hr
Sepsis Bolus - Sodium Chloride 0.9% IV BOLUS - Reduced Volume mL, IVPB, ONCE, STAT, 1 dose/occurrence, 999 mL/hr	Sepsis Bolus - Lactated Ringers IV BOLUS - Reduced Volume mL, IVPB, ONCE, STAT, 1 dose/occurrence, 999 mL/hr



- e. Sepsis Management
  - i. Select and unselect orders as appropriate.

NOTE: Previously Documented orders that are preselected may need to be unselected or cleared to prevent duplicate orders. The documented selection looks back 24 hours. е Unselect previously ordered labs after Sepsis Management referencing the Documented column STAT Labs - Blood cultures must be drawn prior to administering antibiotics as appropriate. Clear Documented Blood Culture x 2 STAT, q5min, 2, dose/occurrence Blood Culture, Line Draw STAT, ONCE ✓ Lactic Acid, Venous STAT, ONCE Sed Rate/Erythrocyte STAT, ONCE ✓ CBC/Dif STAT, ONCE Lipase Assay STAT, ONCE Comprehensive Metabolic Panel STAT, ONCE Procalcitonin STAT, ONCE Urinalysis w/ Culture if Indicated STAT, ONCE DH, PCO2 STAT, ONCE C-Reactive Protein STAT, ONCE Ordered 11/04/2022 12:22 Gases, Arterial STAT, ONCE ✓ Protime STAT, ONCE Cortisol, Random STAT BNP STAT, ONCE Hepatic Function STAT, ONCE Troponin, HS, Baseline (0HR) STAT, ONCE Documented sections display orders STAT Radiology made within 24 hours or less. Clear Documented Documented Electrocardiogram STAT, ONCE CT ABD + PELVIS KIDNEY STONE W/O STAT CHEST 1 V STAT US ABDOMEN RUQ STAT CT ABD + PELVIS W/IV CONT (NO ORAL) STAT Follow Up Labs Clear Documented Documented Lactic Acid, Venous Timed/Dated STAT, ONCE, T;N+240 CBC/Dif Timed/Dated STAT, ONCE, T;N+240 Patient Care. Unselect individual orders or Clear all Patient Clear Care orders previously ordered after Documented Doc CVP IV Fluid Parameters T;N, After initial bolus, if CVP less than 8 Ordered 11/04/2022 ✓ 2 Peripheral IV Sites - Sepsis Advisor This patient is to have 2 and MAP less than 65, off pressors, administer 500 mL boluses up to a large bore IVs (18 gauge) if not already present. Call attending if unable to obtain or use central line if present. 12:22Ordered 11/04/2022 ne of 1000 r Sepsis Bolus - Sodium Chloride 0.9% IV BOLUS 500 mL, IV, PRN, ✓ Nurse to Page Vascular Access Team Place "STAT Sepsis" page Ordered 11/04/2022 12:22 30 minutes, Bolus, PRN, See comment to VAST for 2 large bore IVs (18 gauge) if not already present - call attending if unable to obtain or use central line if available. Sepsis Checklist Reference Text \*\*\*See Reference Text and Comments Sepsis Education Task BID Sepsis Call Parameters Ongoing Sepsis Protocol call parameters located in Order Comment Field \*\*\*\*Hover for Comments\*\*\*\* Ordered 11/04/2022 12:22 ✓ Obtain urine specimen within 30 minutes. If unable to obtain, straight cath for specimen - ED AVOID the placement of PERIPHERAL IV's in HAND Please ~ AVOID the placement of PERIPHERAL IV's in the HAND on ALL Sepsis ents if possible., Evidence based recommendations call for consideration of large bore IV(s) and/or central line especially in patients meeting Severe Sepsis otic Shock Cr.



# Sepsis for ED and Hospital Providers

# Cerner PowerChart and FirstNet EDUCATION

### f. Vasopressors & Corticosteroids

i. Make selections as appropriate.

g. Click Confirm.

Vasopressors - Add vasopressin for persistent shock requiring escalating doses of norepinephrine. Consider adding epinephrine or angiotensin II for refractory shock not responding to norepinephrine and vasopressin. Intensivist consult required for angiotensin II.							
Clear							
	Documented		Documented				
Norepinephrine Drip - TITRATE -Vesicant- Initial rate 5		Angiotensin II Drip - TITRATE					
mcg/min, with Maximum Rate or 50 mcg/min, Maintain mc/greater than or equal to 65, Titrate 1 to 4 mcg/min q 5 min, Call if specified parametr(s) not achieved at maximum rate, Wean 1 to 4 mcg/min q 15 min until off		Epinephrine Drip - TITRATE*					
Vasopressin Drip SET RATE - M,C,K,P							
DOBUTamine Drip - TITRATE for Sepsis Initial rate: 2.5 mcg/kg/min, up to a **Maximum rate of 10 mcg/kg/min, Maintain 5cV02 greater than 70%, Titrate 2.5 mcg/kg/min q 15 min, Call if specified parameter (s) not achieved at maximum rate, Wean 1 - 2 mcg/kg/min q1th until off							
Corticosteroids Physician to consider hydrocortisone (Solu-Cortef) if s	Corticosteroids Physician to consider hydrocortisone (Solu-Cortef) if shock is refractory to fluid and vasopressor administration.						
			Clear				
	Documented		Documented				
Solu-Cortef IVPush		fludrocortisone					
g Confirm							

## 3. Document and Sign: Review and sign the orders.

- a. Add the assigned diagnosis to the diagnosis list.
- b. Click Sign Orders. Orders are added to the scratchpad for review.

Document and Sign
Document
Suspected Infection Source of Urinary Tract       Note: Active Medications that         Add Septic Shock to the diagnosis list       Note: Active Medications that         Currently Active Antibiotics/Anti-Infectives/Vasopressors       were unselected will be         Continue Cefepime 2000mg, q8hSTD, IVPB       Canceled/Discontinued.
Antibiotic Recommendations
Pharmacy Following (RX use Only) Antibiotic Stewardship, Sepsis advisor initiated. Please review medication profile for appropriate indication, dose, & frequency. This task can be dc/d after the patient's organ function has stabilized (usually w/in 24-48 hr)
Fluid Therapy
Sepsis Bolus - Sodium Chloride 0.9% IV BOLUS (mL/kg) -new 30 mL/kg, IV, Inject, ONCE, Start T;N, STAT, Infuse Over: 1.5 hour(s)
Diagnostic Studies
<ul> <li>Blood Culture x 2 STAT</li> <li>Lactic Acid, Venous STAT, ONCE</li> <li>CBC/Dif STAT, ONCE</li> <li>Comprehensive Metabolic Panel STAT, ONCE</li> <li>Comprehensive Metabolic Panel STAT, ONCE</li> <li>Creactive Protein STAT, ONCE</li> <li>C-Reactive Protein STAT, ONCE</li> <li>Protime STAT, ONCE</li> <li>Protime STAT, ONCE</li> <li>Sepsis Checklist Reference Text ***See Reference Text and Comments***</li> <li>Sepsis Call Parameters Ongoing Sepsis Protocol call parameters located in Order Comment Field ****Hover for Comments****</li> <li>Communication to Nurse Please AVOID the placement of PERIPHERAL IV's in the HAND on ALL Sepsis patients if possible., Evidence based recommendations call for consideration of large bore IV(s) and/or central line especially in patients meeting Severe Sepsis or Septic Shock Cr</li> <li>2 peripheral IV sites This patient is to have 2 large bore IVs (18 gauge) if not already present. Call attending if unable to obtain or use central line if present.</li> <li>Nurse to Page Vascular Access Team Place "STAT Sepsis" page to VAST for 2 large bore IVs (18 gauge) if not already present - call attending if unable to obtain or use central line if available.</li> <li>Sepsis Education Task BID</li> <li>Obtain urine speciment within 30 minutes. If unable to obtain strainbt cath for specimen - ED</li> </ul>
Vasopressors & Corticosteroids
No new orders. Add Septic Shock to the diagnosis list <b>Sign Orders</b>



- c. Review orders for Signature, make any additions/modifications, as necessary.
- d. Click Sign.

Image: Image	Orders for Si	ignature					
Pharmacy Following (X use Only)     Province (X use Only)     Pro	S S Consults/	· ⑦ □ ♥ ♥ Referrals	Order Name	Status	Start	Details	^
Medications         Image: Solution (Cefeptime (Cefeptime NPB))         Order         9/8/2022 10:09 AM         2,000 mg, IVPB, IVPB, QBASTD, Start 9/8/2022 10:09 AM EDT, STAT, Stop 9/17/2022 10:00 PM EDT           Image: Solution Chorate 0.9%         0 rder (Septime Chorate 0.9%)         0 rder (Septime Chorate 0.9%)         9/8/2022 10:09 AM         30 mL/kg, IV, Inject, ONCE, Start 9/8/2022 10:09 AM EDT, STAT, Stop 9/8/2022 10:09 AM EDT, Infuse Over: 1.5 hour(s)           Image: Intravenous solution (         EDT         9/8/2022 10:09 AM         30 mL/kg, IV, Inject, ONCE, Start 9/8/2022 10:09 AM EDT, STAT, Stop 9/8/2022 10:09 AM EDT, Infuse Over: 1.5 hour(s)           Image:		🗆 🤁	Pharmacy Following (RX use Only)	Order	9/8/2022 10:09 AM EDT	Antibiotic Stewardship, Sepsis advisor initiated. Please review medication profile for appropriate indication, dose, & frequency. organ function has stabilized (usually w/in 24-48 hr), 9/8/2022 10:09 AM EDT, Daily	
Image: State	Medicatio	ons					
<ul> <li>Sodium Chloride 0.9%</li> <li>Order 9/8/2022 10:09 AM 30 mL/kg, IV, Inject, ONCE, Start 9/8/2022 10:09 AM EDT, STAT, Stop 9/8/2022 10:09 AM EDT, Infuse Over: 1.5 hour(s) EDU Sover 1.5 hours x 1 dove</li> <li>BOLUS over 1.5 hours x 1 dove</li> <li>Potersollin-tazobactam Order 9/8/2022 10:09 AM EDT, Infuse Over: 30 minute(s), STAT, Stop 9/8/2022 10:09 AM EDT</li> </ul>		🗆 🔁 !	cefepime (Cefepime IVPB)	Order	9/8/2022 10:09 AM EDT	2,000 mg, IVPB, IVPB, q8hSTD, Start 9/8/2022 10:09 AM EDT, STAT, Stop 9/17/2022 10:00 PM EDT	
🗌 🌆 piperacillin-tazobactam Order 9/8/2022 10:09 AM 4,500 mg, IVPB, IVPB, ONCE, Start 9/8/2022 10:09 AM EDT, Infuse Over: 30 minute(s), STAT, Stop 9/8/2022 10:09 AM EDT			Sodium Chloride 0.9% intravenous solution (	Order	9/8/2022 10:09 AM EDT	30 mL/kg, IV, Inject, ONCE, Start 9/8/2022 10:09 AM EDT, STAT, Stop 9/8/2022 10:09 AM EDT, Infuse Over: 1.5 hour(s) BOLUS over 1.5 hours x 1 dose	
(Zosyn IVPB) EDT		□ 🔂	piperacillin-tazobactam (Zosyn IVPB)	n Order	9/8/2022 10:09 AM EDT	4,500 mg, IVPB, IVPB, ONCE, Start 9/8/2022 10:09 AM EDT, Infuse Over: 30 minute(s), STAT, Stop 9/8/2022 10:09 AM EDT	

NOTE: Selection of a mL/kg order will require Hospital Providers to utilize the Dosing Calculator at signing. Open the Dosage Calculator, confirm Final dose and click Apply Dose.

Dosage Calculator		Hospital Providers use Dosage		a Details 伊 Order Comments Diagnoses
Sepsis Bolu	s - Sodium Chl	calculate *Dose.	S (m	*Dose (Volume Dose): 30
1) Target dose: 2) Calculated dose: 3) Dose Adjustment: 4) Final dose:	β0         mL/kg           2,220         mL           2,220         mL           2,220         mL           2,220         mL	3 V 100 😓 % 30 mL/k	g	*Route of Administration: // sodium choined 9:3% (ISBes) (50 ml Sodium Choined 9:3% (PC/ Fee) 1000 ml Sodium Choined 9:3% (PC/ Fee) 500 mL Sodium Choined 9:3% (PC/ Fee) 500 mL Sodium Choined 9:3% (PC/ Fee) Fee) 200 mL
5) Standard dose: 6) Rounding rule: 7) Adjust Reason: 8) Route:	Mo rounding		g	Sodium Choide 9:3% 100 mL Sodium Choide 9:3% 100 mL Sodium Choide 9:3% 1000 mL Sodium Choide 9:3% 1000 mL Sodium Choide 9:3% 100 ML Sodium Chloride 9:3% 25 mL Sodium Chloride 9:3% 250 mL

e. Document Sepsis notification and corroboration of possible Sepsis diagnosis at the next earliest convenience.

### Sepsis Reassessment

- 1. Within one hour of fluid bolus completion, the nurse completes two full sets of vital signs and updates the provider.
- 2. The Sepsis Advisor can be relaunched for the addition of orders.
- 3. The provider has three options for reassessment documentation:
  - a. Option #1: If the CVP and/or ScVO2 are monitored, then NO provider reassessment documentation is needed.
  - b. Option #2: If reassessment documentation is needed, the provider can pull up a Brief Note. Documentation can be completed by placing the cursor in the note and using the Auto-text phrase .sepsis.
  - c. **Option #3:** Sign, date, and time the Sepsis & Septic Shock

	NUNSON REALINCARE			
Disclaime out and de tandards colely to p across the a licensed	gr_ONU? tenss that are ordered via the Spois Jahn within the electronic order setthead sourmented on this checklst, Documentation on this form does not replace or supersed of care required within the ENR. The evidence based best practice recommendations is provide guidance for tensma caring for patients with spois or septic shock, and to serve continuum of care. This document also does not replace case-by-case assessment and habithcare provide.	Ith record should be carried le other documentation n this document are intended as a communication tool i dlinical decision-making by		
	SEPSIS & SEPTIC SH	OCK CHECKLIST		
SEPSIS : Septic :	= Suspicion of infection plus 2 or more SIRS plus organ dysfunction SHOCK = Sepsis induced hypotension (SBP less than 90mmHg, MAP les	ss than 65mmHg) after fluid	resuscitation or	lactate greater or equal to 4
on	SEPSIS 3 HOUR	Date:/	/	Comments
entificati	Sepsis Time Zero (must include all three) 1. Suspicion of infection plus 2. 2 or more SIRS plus 3. Organ dysfunction	Time: : Nurse Initial:		
arly Id	Initial lactate level measured	Time: :		
	Administration of 30 mL/kg crystalloid fluid bolus	Time::		Take 2 complete sets of vital signs a notify provider to perform sepsis reassessment when bolus complete
t	Pre-hospital EMS fluids, if any - # mLs	Time: : Nurse Initial:		
e		#1 Time:		

Checklist at the patient's bedside to attest the Sepsis reassessment.



Renew

Vie	ewing and Discontinu	ing Sepsis Advisor O	rders							
1.	Sepsis Advisor orders of Flowsheet within the a	can be viewed in the O assigned categories of	orders the	Orders Medication List	Document In Plan					
	Navigator. a. Sepsis Advisor Plans (PowerP	orders do <b>NOT</b> appea lan) section.	r in the	Orders for Signature Plans Document In Plan Suggested Plans (1) Orders	Sepsis Advis do <b>NOT</b> appo Plans seo	or orders ear in the ction.	All Active Orde	ers V Ers	Order Name Sepsis Checklist Reference Text	<ul><li>✓ …</li><li>Status</li><li>Ordered</li></ul>
2.	Antibiotics and Vasopr the Sepsis Advisor.	nued within	Non Categorized     Patient Care     Vital Signs     Activity     Diet/Nutrition     Radiology     Laboratory     Diagnostic Tests     Cardiology     Consults/Referral	5			80 10 10 10 10 10 10 10 10 10 10 10 10 10	Sepsis Advisor 2 peripheral IV sites Communication to Nurse to Page Vascular Access Team Obtain urine specimen within 30 minutes. If	Ordered Ordered Ordered Ordered Ordered	
	Select Recommendations			Continuous Infusion	ons	▶ ⊿ R	adiology	8	Sepsis Education Task Sepsis Provider Notification Task	Ordered Ordered
	⊿ Currently Active Antibiotics/Anti-Infectives							<b>8</b>	CHEST 1 V	Ordered (Exam Or
	Select any active antibiotic orders to be of Active Antibiotics	ancelled. Selecting a medication in			Clear	⊿ Li	aboratory	¥. 2	BNP C-Reactive Protein	Ordered Ordered
	<ul> <li>□ cefTRIAXone</li> <li>☑ piperacillin tazobactam</li> </ul>	this section will cancel the medication.	1000mg, q24hr, 4 <del>500mg, q12h51</del>	IVPush (Syringe) <del>'D, IVPB</del>				ğ	Protime	Ordered
	A broad spectrum antibiotic was initiated for	r a supsected infection other than severe sepsis	and continue until the time of pr	esentation.						

3. All Sepsis Advisor orders can be individually discontinued from the Orders Flowsheet.

J VV 3	meet.					Modify	
Г	⊿ Radiology					Сору	
		<b>⊻ %</b>	CHEST 1 V	Ordered	STAT, 09/06/22 11:56:00 EDT, Stop: 09/06/22 11:56:00 E	Suspend	ot Yet Charted
				(Exam Or		Activate	
	4 Laboratory	<b>1</b>				Complete	
		🔟 🎎 🛃	BNP	Ordered	STAT, ONCE, 09/08/22 10:09:00 EDT, Stop 09/08/22 10:0	complete	
		M 🌋	C-Reactive Protein	Ordered	STAT, ONCE, 09/08/22 10:09:00 EDT, Stop 09/08/22 10:0	Cancel/DC	
		🗹 🏂	Protime	Ordered	STAT, ONCE, 09/08/22 10:09:00 EDT, Stop 09/08/22 10:0	Delete/Void	
		🗹 🏂	Urinalysis w/ Culture if	Ordered	STAT, ONCE, 09/08/22 10:09:00 EDT, Stop 09/08/22 10:0	5.00 EDT, Nuise Conce	t

## Sepsis Definitions

Sepsis is life threatening organ dysfunction caused by a dysregulation host response to infection. The common language when referring to the Sepsis Severity at Munson Healthcare include:

Term	Definition
SIRS + Infection (This is NOT Sepsis)	Systemic Inflammatory Response Syndrome (SIRS) + suspected infection without organ dysfunction.
Sepsis	SIRS + suspected infection + organ dysfunction.
Septic Shock	Sepsis induced hypoperfusion evidenced by persistent hypotension despite adequate fluid resuscitation and/or lactic acid greater than or equal to 4mmol/L.

## **Results Review: Sepsis Screening Results**

Within the Screening Results section of various flowsheets, users can view the following information:

- a. Recommendation/Action-Crawler Displays system generated Sepsis Alerts.
- b. Sepsis Infection Source Displays Infection Source assigned in the Sepsis Advisor.
- c. Patient shows signs of (Sepsis Advisor) Displays the Sepsis term assigned in the Sepsis Advisor.
- d. Sepsis Dismiss Alert Displays Yes when the provider selects **Open Chart** from Sepsis Alert.

Flowsheet	10/7/2022 12:22 PM EDT	10/7/2022 11:14 AM EDT	10/7/2022 10:50 AM EDT	10/7/2022 10:42 AM EDT
Screening Results				
Recommendation/Action-Crawler				Septic shock *
Sepsis Infection Source		Pneumonia		
Patient shows signs of (Sepsis Advisor)		Septic shock		
Sepsis Dismiss Alert			Yes	